

POSITION	INITIALS	ID NO.	DATE
	JT		08/27/01
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	11		9-21-01
<b>FORMALITY REVIEW</b>	S-A	1123	08/27/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	08/27/01
2	✓	✓	08/27/01
3	✓	✓	08/27/01
4			
5	✓	✓	08/27/01
6	✓	✓	08/27/01
7	✓	✓	08/27/01
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11	✓	✓	08/27/01
12	✓	✓	08/27/01
13	✓	✓	08/27/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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8/27/01